DEDI MYMILADLE CUTT

| | | | | | | | | Application or Docket Number | | | | | |
|---|--|---------------------------------|---------------|------------------------|--------------|------------------|--------------|------------------------------|------------------------|------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001 | | | | | | | | 10/02/440 | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | SMALL ENTITY | | | OTHER THAN | | | |
| F | OTAL CLAIMS | | (Column | 11) | (Colu | (Column 2) | | TYPE | | OR | SMALL | | |
| | | | 27 | | | | | RATE FEE | | 1 | RATE | -FEE | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | BASIC FEE 370.00 | | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 2 minus 20= | | • 2 | | X\$ | X\$ 9= | | OR | X\$18= | 34 | |
| INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P | | | minus 3 = | | 2 | 2 | | X42= | | OR | X84= | 168 | |
| L | JLI IPLE DEPER | NDENT CLAIM P | RESENT | - | | | +140= | | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOT | AL | | OR | TOTAL | 00 | |
| | CLAIMS AS AMENDED - PART II | | | | | | | | | • | OTHER | | |
| 4 | | (Column 1) | | (Colur | | (Column 3) | SMA | \LL | ENTITY | OR | SMALL | | |
| AMENDMENTA - | | REMAINING AFTER AMENDMENT | | NUMI PREVIO PAID | BER OUSLY | PRESENT EXTRA | RAT | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| NON | Total | - 19 | Minus | *** | | | XS- | <u>5</u> | | OR | X\$18= | | |
| A | Independent | 5 | Minus | +5 | | 8 | 10 t X42 | <u>}_</u> | | OR | X84 = | · | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM JEE Refused infon refuset. | | | | | | | 0=. | | OR | +280= | ٠. | |
| for injurace office in the | | | | | | TC | TAL | | _B | TOTAL | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | FEE | | 10 | ADDIT. FEE | | |
| AMENDMENT B | | CLAIMS REMAINING | | HIGH | EST | PRESENT | | | ADDI- | | | ADDI- | |
| | | AFTER AMENDMENT | | PREVIO PAID | DUSLY | EXTRA | RAT | E | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9 |)= | | OR | X\$18= | | |
| | Independent | * NTATION OF MIL | Minus | *** | CI AINA | - | X42 | = | | OR | X84= | | |
| | FIROTFILOS | NATION OF MIC | /LIPLE DEF | ENDEN | CLAIM | | +140 |)= | | OR | +280= | | |
| | | • | - 0- | | | | | TAL | | OP L | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | FEE | | On , | ADDIT. FEE | | |
| | | CLAIMS | | HIGH | EST | (Column 3) | | | 4501 | ı 1 | | 1001 | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREVIO PAID F | DUSLY | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| NON | Total . | | Minus | ** | | = | X\$ 9= | = | | OR | X\$18= | | |
| AME | Independent | | Minus | *** | | = | X42 | | | | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | OR | 7045 | • | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +280= | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total ADDIT. FEE | | | | | | | | | | OR A | TOTAL ADDIT, FEE | | |
| i | he "Highest Num | ber Previously Pak | for (Total or | Independe | nt) is the | highest number f | ound in the | э арр | ropriate box | | | | |
| | | | | | | | | | | | | | |